



RESIDENT APPLICATION
(PLEASE PRINT)

Application and confidential data for residency at
Hidden Lake Apartments, Raytown, Missouri

APPLICANT

Name: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Date of Birth: _____
Medicare #: _____ Medicare B: Yes ___ No ___

CO-APPLICANT

Name: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Date of Birth: _____
Medicare #: _____ Medicare B: Yes ___ No ___

FOR OFFICE USE ONLY

DATE: _____ **LEVEL:** _____ **SIZE:** _____

MEDICAL DATA

Applicant

Physician: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Health Insurance Company: _____

Long Term Care Insurance: Yes _____ No _____

Hospital Preference: _____

Chronic Illness (Describe): _____

Sight: Good ___ Fair ___ Poor ___ Hearing: Good ___ Fair ___ Poor ___

Special Dietary Needs: _____

Co-Applicant

Physician: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Health Insurance Company: _____

Long Term Care Insurance: Yes _____ No _____

Hospital Preference: _____

Chronic Illness (Describe): _____

Sight: Good ___ Fair ___ Poor ___ Hearing: Good ___ Fair ___ Poor ___

Special Dietary Needs: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

R e l i g i o u s P r e f e r e n c e :

Pastor: _____ Phone: (____) _____

Church: _____

Personal Interests: (Hobbies, music, theatre, crafts, arts, games, etc.)

FINANCIAL DATA MONTHLY INCOME

Social Security \$ _____

Veteran's Benefits \$ _____

Pension and Retirement Benefits \$ _____

Insurance Benefits \$ _____

Other Income _____ \$ _____

TOTAL MONTHLY INCOME \$ _____

List other available resources (Monies in bank, real estate, etc.): _____

APARTMENT REQUEST

(Check one)

_____	INDEPENDENT LIVING APARTMENT	
	• All utilities, except phone and cable t.v.	_____ 1 bedroom
	• Maintenance and amenities	_____ 2 bedrooms
_____	LIMITED CARE APARTMENT	
	• One meal per day (noon meal)	_____ 1 bedroom
	• Bi-weekly housekeeping	_____ 2 bedrooms
	• All utilities, except phone and cable t.v.	
	• Maintenance and amenities	
_____	ASSISTED LIVING APARTMENT	
	• One meal per day (noon meal)	_____ 1 bedroom
	• Once a week housekeeping	_____ 2 bedrooms
	• Once a week laundry service	
	• All utilities, except phone and cable t.v.	
	• Maintenance and amenities	

All apartments are equipped with emergency pull cords.

Smoker: Yes _____ No _____ (Smoking not permitted apartment buildings.)

Pets: Sorry, pets are not allowed.

A non-refundable fee of \$900.00 for a 1-bedroom and \$1000.00 for a 2-bedroom will be collected with the first month's rent to help cover exit repairs on the apartments.

I confirm that all of the statements made herein are true and complete to the best of my knowledge.

APPLICANT: _____ DATE: _____
(Signature)

CO-APPLICANT: _____ DATE: _____
(Signature)